

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled CIRCUIT ARRANGEMENT AND METHOD FOR PROTECTING AN INTEGRATED SEMICONDUCTOR CIRCUIT, the specification of which:

- ☒ is attached hereto.
☐ was filed on _____ as Application Serial No. _____
☒ was described and claimed in PCT International Application No. PCT/EP2005/001476 filed on February 14, 2005.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

Country	Application No.	Filing Date	Priority Claimed
WIPO	PCT/EP2005/001476	February 14, 2005	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Germany	102004007241.8	February 13, 2004	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Germany	102004056222.9	November 22, 2004	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Paul A. Pysher, Reg. No. 40,780
Frank R. Occhiuti, Reg. No. 35,306
Denis G. Maloney, Reg. No. 29,670
Tonya S. Drake, Reg. No. 57,861

Alan D. Smith, Reg. No. 32,005
Mandy Jubang, Reg. No. 45,884
Timothy A. French, Reg. No. 30,175
Kevin Su, Reg. No. 57,377

Direct all telephone calls to PAUL A. PYSSHER at telephone number (617) 521-7896.

Direct all correspondence to the following:

26161
PTO Customer Number

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Combined Declaration and Power of Attorney

Page 2 of 2 Pages

Full Name of Inventor: BERND DEUTSCHMANN

Inventor's Signature: Bernd Deutschmann

Date: July 15/2006

Residence Address: Munich, Germany

Citizenship: AUSTRIA

Post Office Address: Hansjakobstrasse 57

D-81673 Munich

GERMANY

Full Name of Inventor: BERND FANKHAUSER

Inventor's Signature: _____

Date: _____

Residence Address: Graz, Austria

Citizenship: AUSTRIA

Post Office Address: Holubgasse 3/7

A-8010 Graz

AUSTRIA

Full Name of Inventor: MICHAEL MAYERHOFER

Inventor's Signature: _____

Date: _____

Residence Address: Graz, Austria

Citizenship: AUSTRIA

Post Office Address: Hubertusstr. 13

DE-82041 Deisenhofen

GERMANY

Full Name of Inventor: PAWEL CHOJECKI

Inventor's Signature: _____

Date: _____

Residence Address: Graz, Austria

Citizenship: POLAND

Post Office Address: Dr.-Robert-Graf-Str. 19/03

A-8010 Graz

AUSTRIA

21359406

Combined Declaration and Power of Attorney

Page 2 of 2 Pages

Full Name of Inventor: BERND DEUTSCHMANN

Inventor's Signature: _____ Date: _____
Residence Address: Graz, Austria
Citizenship: AUSTRIA
Post Office Address: Huttenbrennergasse 15/8
A-8010 Graz
AUSTRIA

Full Name of Inventor: BERND FANKHAUSER

Inventor's Signature:  _____ Date: 31 AUGUST 2006
Residence Address: Graz, Austria
Citizenship: AUSTRIA
Post Office Address: Holubgasse 3/7
A-8010 Graz
AUSTRIA

Full Name of Inventor: MICHAEL MAYERHOFER

Inventor's Signature: _____ Date: _____
Residence Address: Graz, Austria
Citizenship: AUSTRIA
Post Office Address: Hubertusstr. 13
DE-82041 Deisenhofen
GERMANY

Full Name of Inventor: PAWEL CHOJECKI

Inventor's Signature: _____ Date: _____
Residence Address: Graz, Austria
Citizenship: POLAND
Post Office Address: Dr.-Robert-Graf-Str. 19/03
A-8010 Graz
AUSTRIA

21359406

Combined Declaration and Power of Attorney
Page 2 of 2 Pages

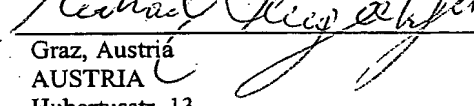
Full Name of Inventor: BERND DEUTSCHMANN

Inventor's Signature: _____ Date: _____
Residence Address: Graz, Austria
Citizenship: AUSTRIA
Post Office Address: Huttenbrennergasse 15/8
A-8010 Graz
AUSTRIA

Full Name of Inventor: BERND FANKHAUSER

Inventor's Signature: _____ Date: _____
Residence Address: Graz, Austria
Citizenship: AUSTRIA
Post Office Address: Holubgasse 3/7
A-8010 Graz
AUSTRIA

Full Name of Inventor: MICHAEL MAYERHOFER

Inventor's Signature:  _____ Date: 5. September 2006
Residence Address: Graz, Austria
Citizenship: AUSTRIA
Post Office Address: Hubertusstr. 13
DE-82041 Deisenhofen
GERMANY

Full Name of Inventor: PAWEL CHOJECKI

Inventor's Signature: _____ Date: _____
Residence Address: Graz, Austria
Citizenship: POLAND
Post Office Address: Dr.-Robert-Graf-Str. 19/03
A-8010 Graz
AUSTRIA

Combined Declaration and Power of Attorney

Page 2 of 2 Pages

Full Name of Inventor: BERND DEUTSCHMANN

Inventor's Signature: _____ Date: _____
Residence Address: Graz, Austria
Citizenship: AUSTRIA
Post Office Address: Huttenbrennergasse 15/8
A-8010 Graz
AUSTRIA

Full Name of Inventor: BERND FANKHAUSER

Inventor's Signature: _____ Date: _____
Residence Address: Graz, Austria
Citizenship: AUSTRIA
Post Office Address: Holubgasse 3/7
A-8010 Graz
AUSTRIA

Full Name of Inventor: MICHAEL MAYERHOFER

Inventor's Signature: _____ Date: _____
Residence Address: Graz, Austria
Citizenship: AUSTRIA
Post Office Address: Hubertusstr. 13
DE-82041 Deisenhofen
GERMANY

Full Name of Inventor: PAWEL CHOJECKI

Inventor's Signature: *Pawel Chojcki* Date: 06.07.2006
Residence Address: Graz, Austria
Citizenship: POLAND
Post Office Address: Dr.-Robert-Graf-Str. 19/03
A-8010 Graz
AUSTRIA

21359406